SI	hort Form 1040A U.S. Individua			of the Treasury venue Service 1972						
or type	First name and initial (if joint return, use first names and middle initials of		Your social security number (Husband's, if joint return)							
print	Present home address (Number and street (including apartment number) or ru	Wife's number, if joint return								
Please	City, town or post office, State and ZIP code		Occu- pation	Yours Wife's						
Fili 1 2 3		Exemptions Regular 65 6 6 Yourself	or over	number of boxes checked						
4 5	 Unmarried Head of Household Widow(er) with dependent child (Enter year of death of husband (wife) ► 19) 	9 Number of other dependents (from line 25)								
W-2 here	Wages, salaries, tips, etc. (attach Form W-2 to front. If 12a Dividends (if over \$200, use Form) \$		11 12c 13 14							
Copy B of Form W–2 here Check or Money Order here	If line 14 is \$20,000 or less and you want IRS to figure If line 14 is under \$10,000, find tax in Tables 1–12 and If line 14 is \$10,000 or more go to line 15.	l enter on line 19. Skip lines 15 through	n 18.	15						
င် င်	5 15 If line 14 is \$10,000 or more, enter 15% of line 14 but not not not not not not not not not no									
Attach	17 Multiply total number of exemptions claimed on lin	ne 10 by \$750		16 17						
∢ ₹	18 Taxable income (subtract line 17 from line 16)	income (subtract line 17 from line 16)								
	(Figure tax on amount on line 18 using Tax Rate S		ne 19.)						

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Form	1040A (1972)										Pa	ge Z	
19 Ta	ax, check if from:	Tax	Tables 1–12,	or	T	ax Rate Schedu	ıle X, Y, or Z		19				
21 In	Credit for contributions to candidates for public office (see instructions on page 5) 20 Income tax (subtract line 20 from line 19). If less than zero, enter zero												
	otal Federal incom				Pay	in full with return. nber on check or m able to Internal Re	oney order and ma		23				
24 If	line 22 is larger t	han line 21,	enter REFUNI	o				. ▶	24				
Other Dependents	(a) NAME		(b) Relation		home. If	ns lived in your born or died dur- , write B or D.	pendent have	furnis	Amount hed for nt's su 1% write	pport.	(f) Amount furn by OTHERS ing dependent	includ	
돌					-		_	Ψ			Ψ		
De	25 Total numb	er of depen	dents listed in	colun	nn (a). Ent	er here and on	line 9			• •	>	1	
	26 Print or type the location of your principal place of residence at end of year (not necessarily the same as your post office address).												
Revenue Sharing	(a) State	(b) Co		(c) Loc	ality. If you I	ived inside the bou enter its name; if n	ndaries of an incor ot, check here	porated ►		(d) Tow	nship (see instructi on page 5)	ons	
	27 Enter the n who (1) are fil not live at you end of the yea	ing a return r principal p r	of their own; place of reside	or, (2 nce a) did t the . ▶			<u> </u>					
Unde it is tr	er penalties of perjury, ue, correct, and comple	I declare that te. Declaration o	I have examined to of preparer (other th	nis retu an taxp	rn, including ayer) is based	accompanying scholon all information	edules and stateme of which he has a	nts, and ny knowi	i to the l ledge.	best of	my knowledge and	d belie	
Sign here						Date	Preparer's signature	e (other	than tax	payer)	Date	3	
		signature (if filir	ng jointly, BOTH mus			e had income)	Address (and ZIP Co	ode)	Prepar	rer's Em	p. Ident. or Soc. S		